

ARTISAN CONTRACTOR QUOTE SHEET

Agency Name _____

Named Insured: _____ Individual _____ Partnership _____ Corp _____ LLC _____

Federal Tax ID: _____

Address: _____

City: _____ ST _____ ZIP _____

Phone#: _____ Contact Name _____

Description of Clients operations _____

Prior Carrier: _____ Premium _____ Years in business _____

If new in business (or no current coverage), Number of years' experience in industry _____

Are you a current member of the Homes Builders Association, If so which one? _____

Current Expiration Date: _____ if new in business or no current coverage (we are going to have to have a resume showing the clients prior contracting/work experience)

Prior Losses (3years): (If prior coverage we will need currently valued loss runs _____

Location Address: _____

Protection Class _____ Construction: Frame _____ Joisted Masonry _____ Metal _____ Masonry Non combustible _____

Property Deductible _____ Annual Receipts/Sales _____ Annual Payroll _____

Building Value _____ Contents Value _____ Loss of Income Limit _____

Sq. Footage _____ Sprinklered Yes _____ No _____ Central Alarm Yes _____ No _____

Year Built _____ (If over 20 years old need to know year the following were updated):

Roof Update _____ Electrical Update _____ Plumbing update _____ HVAC Update _____

General Liability Limited Requested: \$500,000 _____ \$1,000,000 _____

Full Time Employees _____ # Part time Employees _____

Payroll: (excluding the owners) _____ Total Owners Payroll: _____

Are there any additional insured endorsements needed? _____ If yes we need their name and Address

Are there any waivers of Subrogation needed? _____ If yes we need their name and Address

Does primary and non-contributory need to be included? _____

Does the client use any uninsured subs, casual or day labors (If they do they are ineligible for coverage).

Estimated or annual receipts: _____

Annual cost paid to insured subs: _____

We will need the contractor's survey completed (see below, there are two of them. One for each company we have that writes general contractors.



Contractor Supplement

Artisan Homebuilder % Residential _____ % Commercial _____

***** IMPORTANT! FORM MUST BE COMPLETED IN FULL! *****

Applicant _____ Policy/Quote # _____ Eff Date _____

Type of Business _____ Applicant's Cell/Mobile # _____

Contractor License #'s _____ Website Address _____

Has the owner or manager ever been insured or quoted on a BMIC policy? Yes No If so, policy number(s) _____

Does the applicant offer a homeowner home warranty program? Yes No If so, which program? _____

Years in Business _____ Years Experience _____ # of Employees _____

Previous FEINs, DBAs, and AKAs _____

Are loss runs attached? Yes No *** Note *** Please attach a copy.

Payroll Past Year: Employees _____ Payroll Past Year: Uninsured Subs _____

What type of uninsured subs does the applicant use? _____

Are written subcontractor agreements used? Yes No Details _____ (Attach agreement if available.)

Gross Receipts Past Year \$ _____ Total Cost of Subcontracted Work Past Year for Insured Subs \$ _____

Do all subcontractors have liability insurance in force with limits equal to or greater than the applicant's? Yes No Details _____

Are insured subcontractors allowed to work without providing the applicant with a certificate of insurance? Yes No Details _____

Does applicant work in any of the following categories: boiler, asbestos, lead paint, demolition, wrecking, blasting, crane? Yes No Details _____

Any roofing done by the applicant? Yes No % & Details _____

Any roofing done by any uninsured subs? Yes No % & Details _____

Is BMIC's required fall protection used? Yes No Has this been verified? Yes No

Are harnesses utilized? Yes No Does the applicant have a written Fall Protection plan in place? Yes No

Any remodeling work? Yes No % & Details _____

Any application of liquid vinyl siding or similar product? Yes No Details _____

Any removal of load-bearing walls? Yes No Details _____

Any pollution liability exposures? Yes No Details _____

Is risk within the agent's binding authority? Yes No If not, BMIC approval for binding was given by: _____

Is money attached? Yes No Amount \$ _____

Is the applicant an IIBA member? Yes No Chapter Name _____ Membership # _____

Number of homes built annually _____ Dollar range of cost of homes \$ _____

Additional Comments	
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Applicant Signature _____ Agent Signature _____
 Date _____ Date _____



HARFORD MUTUAL
COMMITTED TO MUTUAL SUCCESS

Phone (410) 838-4000 Fax (410) 838-8675

CONTRACTOR SURVEY - CPP/BOP **POLICY #** _____

Named Insured: _____
 Type of Contractor: _____
 Description of Work Performed: _____
 Website Address: _____
 Years in Business: _____ Phone No. _____

Prior Experience if less than 3 yrs:

Contractors License #: _____ License Holder: Owner Officer Employee Other: _____
 What states do you work in? DE DC MD NC NJ PA TN VA Other: _____
 Work Performed: _____ % Residential _____ % Multi Residential _____ % Commercial _____ % Industrial _____ % Other: _____
 If multi residential work performed, check all that apply: Apartments Condominiums Townhomes Tract Homes
 Type of Work: _____ % New _____ % Repair _____ % Remodeling If residential, number of homes per year: _____
 Estimated gross receipts this year: _____ Actual receipts last year: _____
 Estimated contracting payroll this year: _____ Actual contracting payroll last year: _____
 Number of Employees: Full Time: _____ Part-Time: _____ Casual Labor: _____ Maximum at any one jobsite: _____

SUBCONTRACTORS Minimum GL Limits _____ occurrence _____ aggregate _____

Estimated cost of subcontractors this year _____ Actual cost of subcontractors last year _____
 List types of subcontractors used: _____
 Yes No Do all of your subcontractors provide you with certificates of insurance?
 Yes No Do you require subcontractors to name you as additional insured on their liability policy?
 Yes No Do your written subcontractor contracts contain hold harmless agreements?
 Yes No Are hired subcontractors required to carry workers compensation coverage?
 Yes No Are you aware of any claim, action or litigation concerning construction defects regarding either your work or that of a partner, member, corporate officer or hired subcontractor?
 Yes No Does an employee of your company have direct oversight of each jobsite in progress?

INSURANCE

Yes No Are all of your operations currently insured? Carrier: _____
 Yes No Do you have a current Environmental Impairment Liability Policy? Carrier: _____
 Yes No List all losses within the last 3 years whether insured or not: _____

EQUIPMENT

Yes No Is your contractors equipment loaned or rented to others? Yes No Do you lease, rent or borrow equipment from others with operators?
 Yes No Are employees loaned to others with contractors equipment?
 Yes No Do you lease, rent or borrow any equipment from others? Yes No Is all equipment stored in a locked building or a fenced area?

*** INDICATE IF ANY OF THESE EXPOSURES EXIST IN PAST, PRESENT AND/OR ANTICIPATED IN FUTURE OPERATIONS**

<input type="radio"/> Yes <input type="radio"/> No Airport construction maintenance or repair work?	<input type="radio"/> Yes <input type="radio"/> No Lead paint abatement?
<input type="radio"/> Yes <input type="radio"/> No Asbestos testing, monitoring or removal?	<input type="radio"/> Yes <input type="radio"/> No Liquefied Petroleum Gas (LPG) work?
<input type="radio"/> Yes <input type="radio"/> No Boiler installation, servicing, maintenance or repair?	<input type="radio"/> Yes <input type="radio"/> No Mold testing or remediation?
<input type="radio"/> Yes <input type="radio"/> No Cranes used or rented in your business?	<input type="radio"/> Yes <input type="radio"/> No Oil or gas refinery work?
<input type="radio"/> Yes <input type="radio"/> No Demolition, blasting, wrecking or structure lifting/raising work?	<input type="radio"/> Yes <input type="radio"/> No Overhead power lines or pole hookups?
<input type="radio"/> Yes <input type="radio"/> No Electrical control panel work?	<input type="radio"/> Yes <input type="radio"/> No Pesticide, herbicide application, spraying?
<input type="radio"/> Yes <input type="radio"/> No High voltage/amperage work above 480 volts?	<input type="radio"/> Yes <input type="radio"/> No Retaining walls or shoring operations?
<input type="radio"/> Yes <input type="radio"/> No Emergency backup equip. install/service/repair?	<input type="radio"/> Yes <input type="radio"/> No Road, bridge, dam or tunnel work?
<input type="radio"/> Yes <input type="radio"/> No Exterior insulation finishing systems work (EIFS)?	<input type="radio"/> Yes <input type="radio"/> No Snow plowing or street cleaning?
<input type="radio"/> Yes <input type="radio"/> No Excavation, grading or backfilling work?	<input type="radio"/> Yes <input type="radio"/> No Swimming pool installation or service?
<input type="radio"/> Yes <input type="radio"/> No Exterior spray painting or tower/bridge painting?	<input type="radio"/> Yes <input type="radio"/> No Traffic or railroad signal work?
<input type="radio"/> Yes <input type="radio"/> No Fire or burglar alarm work?	<input type="radio"/> Yes <input type="radio"/> No Underground digging or trenching work?
<input type="radio"/> Yes <input type="radio"/> No Fireproofing?	<input type="radio"/> Yes <input type="radio"/> No Underground tank work, removal, or repair?
<input type="radio"/> Yes <input type="radio"/> No Fire sprinkler installation/service/repair?	<input type="radio"/> Yes <input type="radio"/> No Underground water lines or mains?
<input type="radio"/> Yes <input type="radio"/> No Gutting of interior load bearing walls?	<input type="radio"/> Yes <input type="radio"/> No Work performed over two stories?
<input type="radio"/> Yes <input type="radio"/> No Hazardous material abatement or transporting?	<input type="radio"/> Yes <input type="radio"/> No Work at chemical, nuclear, power plants, hospitals or landfills?
<input type="radio"/> Yes <input type="radio"/> No Heated roofing applications?	<input type="radio"/> Yes <input type="radio"/> No Work in explosive environments? (paint, chemicals, fumes, solvents, etc.)
<input type="radio"/> Yes <input type="radio"/> No Indoor air quality control or testing?	

*** EXPLAIN ALL "YES" ANSWERS:**

CONTRACTOR SURVEY (CONTINUED)

DESCRIBE THE LAST 5 JOBS PERFORMED BY YOU OR YOUR EMPLOYEES. INCLUDE JOB NAME, STATE, WORK DESCRIPTION & DURATION.

1. _____

2. _____

3. _____

4. _____

5. _____

CONTRACTOR SURVEY - AUTO

POLICY # _____

Named Insured: _____

Number of Vehicles: _____ Owned _____ Leased

Radius of Operation 1-50 miles 51-200 miles over 200 miles Yes No Are all vehicles titled in the business name shown on the policy?

If there are names listed on the titles that are not shown as a named insured on the policy, please list them here:

 Yes No Are there any vehicles titled in your individual name that are insured on another policy? *If yes, provide details.* Yes No Do your employees take vehicles home at night? Yes No Are employees allowed to use company vehicles for personal use? Yes No Are family members allowed to drive vehicles being insured on this policy? *If yes, include information on drivers list to order MVR's for those individuals* Yes No Are Motor Vehicle Reports (MVR's) obtained for all drivers? Yes No Are vehicles used for snow removal? *If yes, explain* _____ Yes No Are vehicles used for towing? *If yes, explain* _____ Yes No Any vehicles equipped with buckets or lifts? *If yes, explain* _____ Yes No Any vehicles equipped with booms or cranes? *If yes, explain* _____ Yes No Are hazardous materials transported in autos? *If yes, explain* _____ Yes No Is there a vehicle maintenance program?

Signature of Contractor: _____ Date: _____

CONTRACTOR SURVEY - WORKERS' COMPENSATION

POLICY # _____

Named Insured: _____

Employees and Subcontractors

Maximum number of employees at any one jobsite at one time: _____

Total number of family members that work in your business: _____

 Yes No Do all of your subcontractors and employees paid on 1099's have Workers Compensation coverage? Yes No Are certificates of insurance required and kept on file to verify that subcontractors have Workers Compensation coverage?**Loss Prevention & Control** Yes No Do you have a safety program in place? Yes No Are safety meetings held regularly with your employees? Yes No Do all of your employees know how to read and speak in English? Yes No If not, are all safety procedures conveyed to those employees in their native language? Yes No Are hard hats provided and worn on all job sites? Yes No Are safety goggles/glasses provided and worn? Yes No Is fall protection provided and enforced? Yes No Is scaffolding used in your business?

_____ Feet What is the maximum height of your work involving scaffolding?

 Yes No Are forklifts used by your employees? Yes No Are the employees trained to properly use the forklifts?